Electronic Health Record End User Survey

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This is a questionnaire designed to be completed by clinical staff in an ambulatory setting. The tool includes questions to assess the current state of electronic health records.

Permission has been obtained from the survey developers for unrestricted use of this survey; it may be modified for used as is without additional permission from the authors.

Section 1 (of 5). Prior Experience with EHRs

This survey will take approximately fifteen (15) minutes of your time. It asks questions about your current use of EHRs and your opinions about how EHRs affect issues related to quality of patient care. Your responses will be stored confidentially in a database at MPHI. Your responses will be analyzed along with other responses and presented in aggregate back to health centers as well as to the study's funders and other audiences. Your participation in this survey is entirely voluntary. You may decline to participate at any time without penalty. However, your participation will provide very important information for the project. You indicate your voluntary agreement to participate by completing and submitting this questionnaire.

wever, your participatior reement to participate by	,	•		You indicate y	your voluntary
1. Your 5 Digit ID	#:				
2. How long have	you been usin	a GE Centri	city?		
Years					
Or Months					
3. Please choose	one response:				
	Much worse	Worse	Neither better nor worse	Better	Much better
How has use of GE Centricity changed your work compared to using a paper medical record?	j'n	jα	Jn	Jm	jα
4. Please elabora	te:				
			_		
			-1		
			V		
5. Prior to using G	SE Centricity, d	id you use	another EHR? No	te an EHR r	must provide
at least the follow	ving 2 basic fur	nctions: (1)	capture and disp	lay of critic	al patient

at least the following 2 basic functions: (1) capture and display of critical patient data; and (2) providing some level of decision-support (e.g. disease management template, drug interaction alerts).

m No

Section 1 (of 5) Co	ont. (Prior E	xperience	with EHRs)		
6. Prior experience	e with EHRs:				
·	Much Worse	Worse	Neither better nor worse	Better	Much Better
In general, how would you rate GE Centricity compared to the EHR system(s) you used in the past?	j n	j o	Ja	Jta	J ta
7. Please provide trecently:	the vendor or	product na	me of the EHR sy	vstem(s) yo	ou used most
8. In what particul prior experience w		your experience	ence with GE Cer	ntricity diffe	er from your

Section 2 (of 5). Your EHR Use Environment

9. Instruction: Based on your experience with GE Centricity, please indicate the extent to which you agree (or disagree) with the following statements:

_		<u> </u>	•		
	I don't know	Strongly disagree	Disagree	Agree	Strongly agree
I received adequate training on how to use this EHR.	j n	jα	ĴΦ	∱ a	Jo
My questions about use of this EHR were sufficiently answered.	Jm	jn	Jn	Jm	Jm
I receive technical support whenever I need it.	ja	j n	Jn	j a	J n
I am satisfied with the support I have received in use of this EHR.	Jm	j'n	Jn	Jm	Jm
The system downtime is acceptable.	jn	j a	Jo	J ra	J m
When this EHR system is down, we have policies and procedures to allow the clinic to continue to see patients.	Jm	J'n	Jm	Jm	Jm
The EHR screens respond to my actions instantly.	jn	j a	Jo	J ro	J m
Our facility has adequate computer terminals to access this EHR.	fn	J m	Ĵ'n	Jm	Jm
Lab results appear in this EHR in a timely fashion.	j'n	j n	Jo	J∕n	J in
This EHR allows me to review trends in lab values.	Jm	Jm	Jm	Jm	J m
The project plan was adequately communicated to us during implementation.	jα	jn	Jo	J∕a	J ʻa
The administration of our facility was supportive during implementation.	Jm	Jm	J m	J m	j n
Adequate resources were committed to the implementation.	ja	jn	Jo	<u>J</u> en	Ja

10. What is the main device you use to access GE Centricity?

∫n Deskstop Computer/ Terminal	Jm	Tablet Po
∫n Laptop	Jm	Slate
Other (please specify)		

11. GE Centricity or Paper Record

	Never	Occasionally	Most of the time	Always
How often do you use this EHR rather than a paper	j ta	∱n	Ja	j a
record?				

12. How often do you use GE Centricity rather than a paper record in the following situations?

	Never	Occasionally	Frequently	Always
When you need patient test results	j n	J a	Jo	J m
When you need contact information for a patient	Jm	j m	Jm	Jm
When you need to document something in the patient medical record	j α	∱a	Jα	J ta
When you want to identify all of your patients with gaps in their care	J m	j m	Jm	J n

Section 3 (of 5). EHR Impact

13. Based on your experience, please indicate whether you believe the effect of GE Centricity on your clinical practice has been beneficial, detrimental, or neither, using the scale below:

	Highly detrimental	Detrimental on the whole	Neither detrimental nor beneficial	Beneficial on the whole	Highly beneficial
Costs of providing care	j o	jn	Jn	J a	Jn
Clinician autonomy	Jn	J'n	j n	Jn	Jm
Quality of health care	Jm	j ra	J m	Ja	Jm
Interactions within the health care team	Jm	J n	j n	j n	j n
Enjoyment of clinical practice	j o	ţa	J m	Ja	jm
Clinicians' stress-level	J m	J m	j m	Jm	j m
Clinicians' self-image	Jm	j ta	Jn	J o	Jα
Humaneness of clinical practice	Jm	Jm	j n	j n	j n
The rapport between clinicians and patients	Jn	j n	Jm	<u>J</u> en	j ka
Personal and professional privacy	J m	j m	Jm	J m	J m
Clinicians' access to up- to-date knowledge	j o	j o	Jm	Jm	Jn
Patients' satisfaction with the quality of care they receive	J m	j m	j m	j m	Jm
Generalists' ability to manage more complex problems	jα	jα	Ja	j a	Jm
Comprehensiveness of patient care	J m	Jm	Jm	J m	Jm
Efficiency of clinical practice	j a	j a	Jm	Jm	ſm
Avoiding errors (such as overlooking a drug interaction)	j n	j n	j n	j m	jn

Section 4 (of 5). Evaluation of the EHR

14. Based on your experience with GE Centricity, please indicate the extent to which you agree (or disagree) with the following statements:

	Strongly disagree	Disagree	Agree	Strongly agree
To me, use of this EHR is easy.	j n	Jm	Ja	Jn
The EHR screens are intuitive.	Jm.	Jm	Jm	Jm .
This EHR provides all functionalities that I expect.	j n	J'n	Jα	βn
Overall, I am satisfied with my experience with this EHR.	Jm	Jm	Jm	Jm
I would recommend this EHR to other similar practices.	j n	βn	Jα	βn
My colleagues have negative opinions about this EHR.	J m	Jm	J n	j n
Use of this EHR interferes with my work.	j n	Jm	Ja	Jn
I would be in favor of ceasing use of this EHR in our practice.	J m	Jm	J m	J m
Use of this EHR requires me to do more work compared to what I used to do.	jα	Jin .	Ja	j n

Section 5 (of 5). EHR Functionality

please provide below:

15. Instruction: Based on your experience, indicate the ease of which GE Centricity allows you to perform the following tasks:

	Does not apply to me	Very difficult	Somewhat difficult	Somewhat easy	Very easy
Obtain and review patient information and data	j a	j o	Ja	J a	Jo
Document care for my patients	ſn	J n	J n	ſn	Jm
View lab tests for my patients	j a	jn	Jo	J o	Jo
Prevent adverse events (e.g., drug-drug interaction, drug-allergy interaction)	Jm	j n	Jm	Jm	Jn
Track preventive care for my patients	j α	jn	Jo	J a	J m
Manage chronic disease conditions for my patients	J m	jn	Jm	J m	Jm
Manage orders	jα	j to	Jo	J a	J o
Manage referrals	Jn	J m	J'n	ſn	Jn
Provide patient educational materials	j a	jn	Jo	J o	J m
Analyze outcomes of care	J n	J m	J n	Jn	J m
Access the EHR from off- site locations	ja	jn	Jo	J o	J m
Communicate with my colleagues to coordinate care	Jm	J m	J m	Jm	J m
Communicate with my patients	j a	j n	Jo	þa	ţn
Enhance the continuity of care my organization is able to provide	Jm	Jm	J m	Jm	J m

7. What additional help would you need to use GE Centricity more effectively
8. Is there a particular way the support of your use of GE Centricity can be mproved?

19. If you have any other comments about GE Centricity and it's use in the practice,

16. If there are some functionalities missing in GE Centricity, please specify: